S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17783

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18905

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4875

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor(No.Side) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Sieve
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Sieve
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 11th, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	18	hr. min.

9. Birthplace Unk. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name John Mathews
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Clem L. Sieve
(b) Address 6606 Pasadena Bl. Pine Lawn Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ann's Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave
19. (a) MAY 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1946 hour 11.00 minute P. M.
21. I hereby certify that I attended the deceased from May 12, 1946, to May 29, 1946; that I last saw her alive on May 29, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	???
Senility	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? Means of injury
23. Signature Bernard F. Holtz (M. D. or other)
Address 2302 Salisbury Date signed 5-31-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. H. Flotte
2300 Salisbury Ave
Ce 9564.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.